

Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order.

- ☐ Face Sheet with signature (2 pages)
- ☐ Narrative (not to exceed 5 pages)
- ☐ Schedule of Completion
- ☐ Project Budget Forms
 - ☐ Detailed Budget
 - ☐ Budget Justification
- ☐ Current, federally negotiated rate for indirect costs, if applicable
- ☐ Attachments

Face Sheet

OMB No. 3137-0057

1/31/2008

CFDA No. 45.308

1. Name of Tribe/Alaska Native Village/Corporation/Native Hawaiian Organization _____

2. Organization Mailing Address _____

3. City _____

4. State _____

5. Zip Code _____

6. Web Address _____

7. DUNS Number (9 digits) _____

8. TIN Number (9 digits) _____

9. Name and Title of Project Director ☐ Mr. ☐ Ms. ☐ Dr. _____

10. Business Phone of Project Director _____

11. Affiliation of Project Director (Name of museum or cultural center) _____

12. Project Director Mailing Address _____

13. City _____

14. State _____

15. Zip Code _____

16. Fax Number of Project Director _____

17. E-mail Address of Project Director _____

18. Name and Title of Authorizing Official/Tribe's Chief Executive _____

19. Business Phone of Authorizing Official/Tribe's Chief Executive _____

20. Authorizing Official/Tribe's Chief Executive Mailing Address _____

21. City _____

22. State _____

23. Zip Code _____

24. Email Address of Authorizing Official/Tribe's Chief Executive _____

25. Number of days museum or cultural center is open per week _____

26. Number of full-time museum staff _____

27. Number of part-time museum staff _____

28. Does the museum or cultural center have access to the Internet? ☐ Yes ☐ No

29. Amount of operating budget for services in most recently completed fiscal year _____

30. Amount Requested \$ _____

31. Grant Period (Starting Date) ____ / 01 / ____ — ____ / ____ / ____ (Ending Date)
(must begin between 10/1/05 – 12/01/05)

32. Identify which of the following activities will be supported with IMLS funds (please check all appropriate boxes)

- ☐ Programming
☐ Professional Training
☐ Enhancing Museum Services

33. Project Title _____

34. Organization Name _____

35. In the space below, please provide an organizational profile that identifies the organization's mission, service area and levels of service, placement within a parent organization (if applicable) and where within the organization the responsibility for the management of the proposed project activities would be assigned.

36. To the best of my knowledge and belief, the information provided in this application is true and correct. This application has been duly authorized by the governing body of the applicant, and the applicant will comply with all grant terms and conditions and with the assurances and certifications that appear in the IMLS Native American/Native Hawaiian Museum Services grant guidelines.

Name of Authorizing Official/Tribe's Chief Executive _____

Title _____

Signature of Authorizing Official/Tribe's Chief Executive _____

Date _____

Project Budget Form

SECTION 2: BUDGET

Year ☐ 1 ☐ 2 - Budget Period from ____/____/____ to ____/____/____

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.4-3.5 BEFORE PROCEEDING.

SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS
_____	()	_____	_____
_____	()	_____	_____
_____	()	_____	_____
_____	()	_____	_____
TOTAL SALARIES AND WAGES \$			_____

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS
_____	()	_____	_____
_____	()	_____	_____
_____	()	_____	_____
_____	()	_____	_____
TOTAL SALARIES AND WAGES \$			_____

FRINGE BENEFITS

RATE	SALARY BASE		IMLS
_____ % of \$	_____	_____	_____
_____ % of \$	_____	_____	_____
_____ % of \$	_____	_____	_____
TOTAL FRINGE BENEFITS \$			_____

CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	NO. OF DAYS (OR HOURS) ON PROJECT	IMLS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL CONSULTANT FEES \$			_____

TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS
_____	() ()	_____	_____	_____
_____	() ()	_____	_____	_____
_____	() ()	_____	_____	_____
_____	() ()	_____	_____	_____
TOTAL TRAVEL COSTS \$				_____

Project Budget Form

SECTION 2: BUDGET CONTINUED

Year ☐ 1 ☐ 2

MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT \$ _____

SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL SERVICES COSTS \$ _____

OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL OTHER COSTS \$ _____

TOTAL DIRECT PROJECT COSTS \$ _____

INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 3.5.)

Applicant organization is using:

- ☐ A. An indirect cost rate which does not exceed 15 percent of modified total direct costs charged to IMLS.
☐ B. Federally negotiated indirect cost rate (see page 3.5).

Name of Federal Agency

Expiration Date of Agreement

Rate base Amount(s)

_____ % of \$ _____ = \$ _____

IMLS

Total

C . Total Indirect Costs

\$ _____

\$ _____